

### The Commonwealth of Massachusetts

#### **Division of Professional Licensure**

239 Causeway Street Boston, MA 02114 www.mass,gov/reg/boards/hi

# Board of Registration of Home Inspectors (617) 727-4459

Ex. Date  Ex. Result  Cert. Date  Cert. No	Application Inspector		Home Inspector Fee \$338.00  Attach certified CHECK or MONEY ORDER payable to the Commonwealth of MA. DO NOT SEND CASH		
Please Use Ink or Type -	· Must Be Neat And Lea	gible			
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Last Name		Jr., Sr., III, etc.	First Name M. I.		
Number, Street/ P. O. Box			Apt. No.		
City or Town		State	Zip		
Telephone Number					
you are in compliance wit	th tax laws of the Commo	onwealth.			
Date of Birth			РНОТО		
Date of Birth  Month  Date of National Home In Associate) Attach copy of	Day Year  Ispector Exam  If photo score report	(Taken prid	or to  Photograph taken less than 1 year prior to filing application  Do not use staples -  Paste or cellophane tap only – 2" X 2" passpo		
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Executive Director/Designee

### **Home Inspector Application**

Applicant's Na	ame
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1.	List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your
2.	Has any disciplinary action been taken against you by a licensing/certification board located in the United States, any country or foreign jurisdiction? Yes No If yes, please state the details (use a separate sheet if necessary):
3.	Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes No If yes, please state the details (use a separate sheet if necessary):
4.	Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes No If yes, please state the details (use a separate sheet if necessary):
5.	Have you ever applied for and been denied a professional license in the United States or any country of foreign jurisdiction? Yes No If yes, please state the details (use a separate sheet if necessary):
6.	Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed?  Yes No If yes, please state the details (use a separate sheet if necessary):
7.	I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Division of Professional Licensure, Board of Registration of Home Inspectors in Massachusetts to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to M.G.L.C.62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.
	(Signature)
	For Office Use Only
	Fee Paid
	Receipt No.



### The Commonwealth of Massachusetts **Division of Professional Licensure**

239 Causeway Street Boston, MA 02114

#### **Board of Registration of Home Inspectors**

(617) 727-9931 www.mass.gov/reg/boards/hi

#### **Associate and Permanent License Application**

#### HOME INSPECTOR SUPERVISION VERIFICATION

Make copies and use more than one sheet if necessary. All signatures must be original. Pursuant to M.G.L 146 all statements made are subject to the penalties of perjury.

Name of Applicant\_\_\_\_\_

Name of Emplo	yer						
Employer's Ado	dressNo.	Street		City/Tow	⁄n	State	Zip
Employed	Month	Day	Year To	Month	Day	Year	Years
Signature of Lic	ensed Hor	ne Inspecto	or	MA Lice	nse Number	r	Date



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239 Causeway Street Boston, MA 02114

# Board of Registration of Home Inspectors (617) 727-9931

www.mass.gov/reg/boards/hi

## Associate Inspector Home Inspections List

Name of Applicant					
Please List 100 home inspections you have performed					
Date	Address	Client			
1.					
2.					
3.					
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6.					
7.					
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